

COUNTY BOROUGH OF BIRKENHEAD



ANNUAL REPORT

OF THE

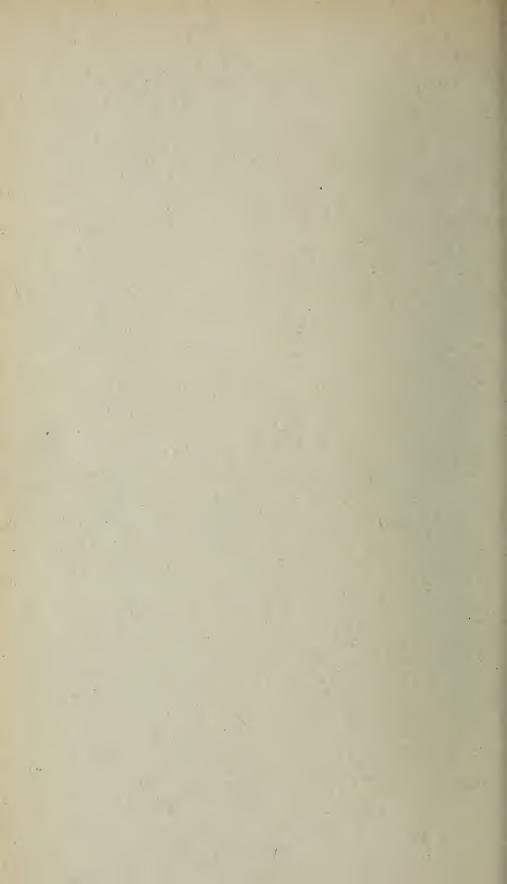
MEDICAL OFFICER

FOR

1944

D. MORLEY MATHIESON, M.A., M.D. (Edin.), Ch.B., D.P.H.

Medical Officer of Health;
Chief Medical Officer for the Municipality's Hospital, Maternity, Child Welfare,
and other Medical Services.



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POPULATION, BIRTHS, AND DEATHS

POPULATION

Population.—The population of the Borough, as recorded at the time of the 1931 census was 147,803.

The Registrar-General has estimated the population of the Borough as at mid-year 1944 as 118,770.

BIRTHS

Births registered during 1944, and birth rate.—During the year 2,770 live births belonging to the Borough were registered.

The live birth rate for 1944 was 23.3.

Birth rate in recent years.—The birth rates since 1934 are as follows:—

1934		16.8 per 1,000
1935	,	17.0 ,,
1936		16.4 ,,
1937		16.3 ,,
1938		17.0 ,,
1939	,	16.8 ,,
1940		18.7 ,,
1941		18.5 ,,
1942		19.6 ,,
1943		21.9 ,,
1944		23.3 ,,

Still births.—In addition to live births, 107 still births belonging to Birkenhead were registered in accordance with Section 7 of the Births and Deaths Registration Act, 1926. This is equivalent to a still birth rate of 0.90.

Comparison of birth rate with rates for country generally:—

-		-
		f population
	Live	Still
	births	births
England and Wales	17.6	0.50
126 County Boroughs and Great Town	ıS	
(including London)		. 0.64
148 smaller towns (estimated residen		
populations 25,000 to 50,000 a	t	
census, 1931)		0.61
London Administrative County	. 15.0	0.42
Birkenhead		0.90

Sex-distribution of births.—Of the 2,770 live births, 1,438 were nales and 1,332 females; a proportion of 1,000 : 927.

Legitimacy.—Of the 2,770 live births registered 249 were illegitimate, a percentage of 8.98.

Registration of stillbirths.—The 107 stillbirths registered were classified as follows:—

Legitimate -	-Males	56
	Females	43
Illegitimate-	-Males	3
	Females	5
		107

The stillbirth rate was 38 per 1,000 total births.

Births notified during 1944.—During the year, 3,202 births were notified in the Borough under Section 203 of the Public Health Act, 1936. Of these, 111 were stillbirths, leaving a total of 3,091 live births. This total includes births which occurred in the Birkenhead Maternity Hospital and the Birkenhead Municipal Hospital, many of which were transferable to other areas.

The following is an analysis of the above births:-

Births in Public Institutions:—
Birkenhead Maternity Hospital ... 557 (22 stillbirths)
Birkenhead Municipal Hospital ... 662 (28 ...)
Birkenhead General Hospital ... — (— ...)
Births in Nursing Homes ... 435 (11 ...)
Other births:—
Notified by doctors 7 (— ...)
Notified by midwives 1430 (50 ...)
Notified by parents — (— ...)

3091 (111 stillbirths)

Un-notified births.—The Registrars reported 57 cases of un-notified births; 37 by both certified midwives and doctors, 9 by the Maternity Hospital staff, 3 by the Municipal Hospital staff, and 8 by Annaudale Nursing Home.

DEATHS

Death - rate.—1,583 deaths occurred during the year; the total figure includes 112 deaths of Birkenhead residents which occurred outside the Borough, but excludes 307 deaths of non-residents which occurred in the area. This gives a death-rate of 13.3 per 1,000.

Deaths in recent years.—The death-rates since 1934 are as follows:

1934	 12.0 p	er 1,000
1935	 12.5	, ,
1936	 12.6	,,
1937	 13.0	, ,
1938	 12.1	, ,
1939	 12.9	,,
1940	 16.1	, ,
1941	 18.9	• •
1942	 14.3	,,
1943	 14.8	
1944	 13.3	,,

Sex-distribution of deaths.—Of the total deaths, 849 were males and 734 females, a proportion of 1,157: 1,000.

Uncertified deaths.—In 1944 there were 2 uncertified deaths belonging to the area.

Coroners' inquests.—Coroners' inquests were held regarding 71 deaths—that is, in 4.5 per cent. of the total deaths during the year.

The Coroners' (Amendment) Act, 1926.—Under the provisions of this Act, which came into force on 1st May, 1927, a Coroner may certify death, after a post-mortem examination has been held, without an inquest. During the year 64 of the registered deaths (4.0 per cent. of the total deaths) were certified in this way.

Infantile mortality.—There were 163 deaths of infants under 1 year old. This corresponds to an infantile mortality rate of 59 per 1,000 births.

There were 23 deaths in illegitimate infants under 1 year old; giving an illegitimate mortality rate of 92 per 1,000.

The infant mortality rates for each since 1934 are given below:

1934	60
1935	67
1936	63
1937	77
1938	75
1939	58.
1940	80
1941	
1942	68
1943	
1944	59

The main causes of infant deaths during the past two years are shown below:—

		No. in 1943	No. in 1944
(a)	Pneumonia (all forms)	42	30
` ′	Bronchitis	. 6	2
	Whooping cough	. 2	1
	Measles	. 1	_
	Diarrhæa and enteritis		21
(b)	Premature birth	. 36	40
(c)	All other causes	63	69
		· 	
		187	163

Deaths from tuberculosis.—Tuberculosis was responsible for 7.5 per cent. of all the deaths recorded in the Borough in 1944. The deaths from the disease were as follows:—

Deaths from	tuberculosis of the lungs	92
Deaths from	other forms of tuberculosis	28

120

This gives a tuberculosis death-rate of 1.01 per 1,000 of the population.

Of the 92 deaths from respiratory tuberculosis during 1944, 85 occurred in persons between 15 and 65 years old—that is, of a wage-earning age.

Deaths from certain epidemic diseases.—The seven "principal epidemic diseases" caused 31 deaths, as follows:—

Diarrhœa and enteritis (under 2 years)	24
Whooping cough	- 3
Measles	—
Scarlet fever	1
Diphtheria (including membraneous croup)	3
Fever (enteric, typhus, and simple continued)	
Smallpox	-

This corresponds to a death-rate from all these diseases of 0.26 per 1,000 of the population.

Deaths from other notifiable infectious diseases.—Pneumonia caused, in its various forms, 83 deaths, and cerebro-spinal fever, 1

WATER SUPPLY, FOOD, AND DRUGS

WATER SUPPLY

During the year, 89 samples of water from the Alwen and other supplies were bacteriologically examined in the Laboratory of the department. In addition, 37 tests for enteric have been carried out.

MILK SUPPLY

23 samples of milk from farms outside the Borough were taken by the Veterinary Officer during the year and submitted for biological examination at the Municipal Laboratory. Of these, 1 (approximately $4\frac{1}{2}\%$) was found to contain living tubercle bacilli. Appropriate action was taken.

The Veterinary Officer paid two quarterly visits to the 8 accredited herds in the Borough and made 502 clinical examinations of dairy cattle. The remainder of the dairy cattle, 180 in number, situated within the Borough, were subjected to inspection.

(The Veterinary Officer, Mr. N. M. Clayton, was seconded to the Ministry of Food for duty as from 1st September, 1944).

265 samples of milk were examined bacteriologically at the Municipal Laboratory during the year. 228 of these samples were satisfactory, and 37 unsatisfactory. Suitable action was taken with regard to the unsatisfactory samples.

OTHER FOODS: DRUGS

During the year 78,492 animals were slaughtered in the area, a decrease of 25,688 on the preceding year. Approximately 350 tons of meat were condemned during the year. The large increase in the amount of meat condemned is due to the increase in the number of cows slaughtered in poor and diseased condition. This condemned meat was utilised in the manufacture of non-edible by-products. In the inspection of shops, etc., foodstuffs amounting to 5,549 lbs. and 7944 tins (various sizes) of meat, fish, fruit, milk, and 3848 assorted cakes and pies, and 377 lbs. of slab cake were found to be unfit for human consumption, and were condemned.

During 1944, 467 samples were taken under the Food and Drugs Acts. Of these, 217 were formal and 250 informal; 243 were samples of milk.

Of the total number of samples analysed, 34 were reported adulterated, and proceedings were taken in respect of 6 of these. Penalties were inflicted in 4 cases.

TUBERCULOSIS

There is a further upward trend in the number of notifications of tuberculous diseases. Pulmonary cases show a decrease of 7, but—what is very disconcerting—there is a sharp increase, viz. 20, in the number of children suffering from non-pulmonary diseases.

This local increase will probably be found to be in conformity with the incidence throughout the rest of the country, and is a natural aftermath of five years of war.

Government Allowances (Memo 266/T)

Since this scheme was adopted in Birkenhead in November, 1943, 95 patients have been granted Maintenance Allowances, 4 Discretionary Allowances and 9 Special Payments.

A Mass Miniature Radiography apparatus has recently been installed in Liverpool, but so far this form of investigation has not been made available for Birkenhead.

Corporation Allowances

During the year an innovation has been made in Birkenhead whereby all tuberculous patients (pulmonary or non-pulmonary, early, advanced or chronic) are now dealt with medically, financially and socially by one Committee of the Corporation—the Health Committee. In May the payment of allowances to advanced, chronic and non-pulmonary tuberculous persons, who were receiving Public Assistance, was transferred from the Public Assistance Committee to the Health Committee. 23 cases were taken over immediately; and up to the end of the year a total of 55 patients have been granted financial assistance under this scheme. The payments under both schemes are made expeditiously at the tuberculosis clinic every Friday by a member of the Borough Treasurer's staff, all cases being dealt with in haif an hour.

Artificial Pneumo-thorax Clinic

There was a marked increase in the number of artificial pneumothorax treatments given during the year as is shown by the graph on page 11.

DEATHS

	•	Ad	ults.	Child	ren.	Total.
	I	oulmonary.	Non- pulmonary.	Pulmonary.	Non- pulmonary.	
1938		90	9	8	8	115
1939		118	7	8	6	139
1940		65	1	2	2	70
1941		87	3	5	2	97
1942		. 76		2	1	79
1943		\cdot 72	3	1	1	77
1944		. 77	3			80

The number of cases of tuberculosis notified during the year was 288, made up as follows:—

	Ma	ıles	Fen	nales	
*	Up to 15 years of age	15 years of age and over	Up to 15 years of age	15 years of age and over	Total
Pulmonary	4	123	4	92	223
Other forms '	. 30	8	11	16	65
Total	34	131	15	108	288

The number of new cases (288) was somewhat greater than 1943 (271).

The number of cases on the Notification Register at the end of the year was 1,364. Of these, 1,059 (580 males and 479 females) were suffering from respiratory tuberculosis, and 305 (152 males and 153 females) were suffering from non-respiratory tuberculosis.

The number of cases on the Clinic Register at the end of the year was 807. Of these, 589 (321 males and 268 females) were suffering from respiratory tuberculosis, and 218 (110 males and 108 females) were suffering from non-respiratory tuberculosis.

BIRKENHEAD ORTHOPAEDIC HOSPITAL FOR CHILDREN

Patients dealt with.—At the commencement of the year there were 38 patients in the Hospital. There was 61 admissions during the year. These were classified as follows:—

Tuberculosis	of	bones and joints	19
, ,	, ,	abdominal glands or peritoneum	14
11		cervical and other glands	
11		other organs	
For observat	ion	and diagnosis	9
		conditions of bones and joints	

There were 39 patients under treatment at the end of the year.

Average duration of stay.—For the patients discharged during the year the average length of stay in the hospital was 26 weeks.

CHESHIRE JOINT SANATORIUM

The approved accommodation for Birkenhead cases is 32 beds.

Patients dealt with.—At the beginning of the year 36 Birkenhead patients were under treatment. During the year 49 Birkenhead patients were admitted, 55 were discharged, and 2 died; 28 patients remained under treatment at the end of the year.

	Men	Women	Children (under 15)	Total
In Sanatorium January 1, 1944 Admitted during year Discharged or left Sanatorium during year Died in Sanatorium In Sanatorium December 31, 1944	22 28 1	17 27 27 1 14		36 49 55 2 28

LEASOWE HOSPITAL

Children.—There were 3 cases in hospital at the beginning of the year; 1 new case was admitted during the year, and 2 have been discharged; leaving 2 patients in hospital at the end of the year.

Adults.—There were 4 female adults in Leasowe Hospital at the beginning of the year; 2 new cases (females) were admitted during the year, and 4 cases were discharged before the end of the year; leaving 2 patients in hospital at the end of the year.

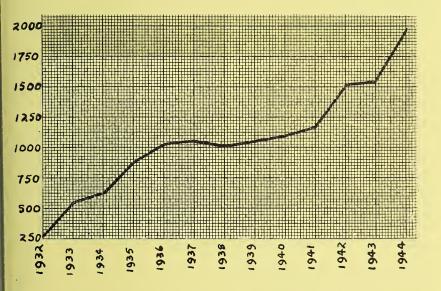
BIRKENHEAD MUNICIPAL HOSPITAL

Artificial pneumothorax treatment. — During 1944, 1,958 refills were given by Dr. Foster, including 20 primary inductions. This represents an increase of 422 refills over those given during 1943, and 7 more primary inductions. There were 1,550 screenings performed during the year.

X-ray examinations.—During the year 1,108 patients were sent from the Tuberculosis Clinic for X-ray examination at the Municipal Hospital, an increase of 29 over the number X-rayed during 1943.

21 Bronchograms were done during 1944.

ARTIFICIAL PNEUMO-THORAX TREATMENTS 1932-1944



VENEREAL DISEASES

A continued high incidence of venereal diseases during the past year is recorded by Dr. Blackstock, the council's specialist in these conditions, though there has been a slight improvement compared with 1943, chiefly in the number of cases of gonorrhea. The conclusions arrived at as the result of Dr. Blackstock's careful observation call for serious consideration.

The success hoped for from Regulation 33B has not been forth-coming, and local authorities are still powerless to trace all contacts and enforce treatment upon those persons known to be infected with the disease. Much time and trouble has been taken to bring such persons to the clinic for treatment, for example, by home visiting, and talks to the infected parents regarding the danger to their children. Failure has mostly been recorded from these persuasive measures. There are still no powers to wield against the anti-social members of the community, and syphilis continues to be passed on from parent to child without any obstruction.

Persons suffering from primary syphilis and gonorrhea seek medical aid earlier than during previous years, but in most cases the patients do not know the names nor the addresses of their consorts; and when they know the names, the addresses are often so vague that tracing is impossible.

[The social background of venereal disease has been demonstrated on Tyneside in painstaking efforts to trace sources of infection between October, 1943, and March, 1944. Out of a total of 451 contacts, only 177 supplied complete information to enable visitors to find the infected persons. 155 attended the clinic; 103 were suffering from either syphilis, gonorrhæa, or both. Of the 350 contacts looked for, 199 were not identified. Of the 241 identified. 21 failed or refused to attend for examination, and 30% of the 451 contacts gave insufficient identifying information to justify attempts to find them.]

Local authorities must bear in mind that when the war in Europe is over and the men and women in the services commence to demobilise they will come back home to a reservoir of venereal disease not yet controlled. Those returning, if they contracted venereal disease during their time of service, were obliged by military law to undergo compulsory treatment. For them concealment of venereal disease was a punishable offence. What excuse can we offer for our ineffective control in civilian life? Some explanation must be given for our ineffective measures to control the spread of the disease, and of our failure to provide sufficient money to finance successful venereal diseases schemes. Medical science now holds the key to the successful treatment of venereal disease, but doctors want properly equipped clinics in which to apply curative measures. These clinics do not exist in many places; and when a treatment centre is available, its size, staff, equipment and furniture are sometimes so incomplete that many persons refuse to attend for treatment owing to the discomfort and lack of privacy.

There is a large increase since the war in the number of women affected with syphilis and gonorrhea; many of these women are promiscuous and readily accept more than one consort. When peace comes more consorts will be available and an increase in venereal disease may be expected.

It is highly desirable that we should make plans to meet this increase, diminish the spread of disease, provide better facilities for treatment, and make concealment of venereal disease a punishable offence and its treatment compulsory.

During the year 1944, 673 persons attended the clinic at the General Hospital; 161 of these were suffering from syphilis, 204 from gonorrhæa, and 3 from soft sore. 305 were considered to be suffering from non-venereal complaints. 9,206 treatments were given to patients during the year.

Details of attendances and new cases at the General Hospital clinic during the years 1940, 1941, 1942, 1943 and 1944 are set out below:—

(a) Total attendances

Year	Males	Females	Total
1940	 3,688	 1,745	 5,433
1941	 3,183	 1,975	 5,159
1942	 4,052	 3,603	 7,655
1943	 4,486	 5,716	 10,202
1944	 4.161	 5.045	 9.206

(b) New Cases

	Syp	hilis	Soft Chancre		Gono	rrhœa	Non-V	enereal	Tot	Total	
Year .	Males	Fe- males	Males	Fe- males	Males	Fe- males	Males	Fe- males	Males	Fe- males	New Cases
1940 1941 1942 1943 1944	46 49 47 59 60	17 23 48 43 39	7 11 3 3 3		110 138 110 120 73	14 13 52 102 56	94 93 99 214 188	24 25 35 111 117	257 291 259 396 324	55 61 135 256 212	312 352 394 652 536

Penicillin.—A few cases of gonorrhea have been treated with penicillin and very quickly rendered non-infectious. It is too early to judge the effect of this drug on the incidence of gonorrhea, as it has only been given to patients resistant to other forms of treatment. In all cases treated, four injections of the drug were given over a period of nine hours. This has been sufficient to effect a cure; some of the cases treated gave negative urethral smears two hours after the first injection and remained negative. There is an increase in the number of cases of gonorrhea which have become resistant to sulphonamides which proved effective in as high a percentage as 85 to 90% when they were first used. This percentage is now only 50 to 55%. It is hoped that the gonococcus will not be able to overcome the lethal effect of penicillin as it has sulphonamides. This danger does exist; and we can only hope it can be overcome in the future. An easy

method of blocking kidney secretion, which is without danger, will have to be used in the treatment with penicillin; it is secreted much too quickly by the kidneys. Sufficient concentration must be maintained in the blood stream to stop the growth of the genococcus.

These are problems of the future which we hope will be effectively overcome and make penicillin a sure and quick treatment for both gonorrhoa and syphilis. The danger of treating with penicillin cases suffering from gonorrhoa who may also be potential sufferers from syphilis is too technical to be discussed further, except to say that the problem is mostly a matter of adequate supplies of penicillin, and these are not yet available.

OTHER INFECTIOUS DISEASES

INFECTIOUS DISEASES WHICH ARE NOTIFIABLE

Below is a table showing the number of cases of infectious diseases (other than tuberculosis) notified during 1944 showing ages:—

AND REPORT OF THE PROPERTY OF THE PARTY OF T	CHIERCONNIC CONS	AND X COPYRIS	ENGRAPH.	-	ACIL MINISTER	-		NAME OF TAXABLE PARTY.	-		-	65	MINET TAXA
Disease	and	1-2	2-3	3-4	4-5	5-10	10-15	15-20	20-35	35-45	45-65		Tetal
Machae	1 yr.	yrs.	yrs.	yrs.	yrs.	yrs.	yrs.	yrs.	yrs.	yrs.	yrs.	up	
Compliance		-			-					1			7
Smallpox	7	28	37	37	~ 1	070	104	0.4	15	3	7	_	606
Scarlet fever	1	28	51	01	71	273	104	24	15	.5	- 1	_	000
Diphtheria and membra-	0	4	6	8	6	36	7-	11	0.7	0	- 0		110
nous croup	2	4	0	8	0	35	15	11	21	8 3	2		119
Erysipelas	A-10 -100 -1	-	_	-		-		i —	8	3	16	9	36
Typhus fever		_	-		-	-	-	_	-		_		
Enteric fever	-	<u> </u>	_	_	_	1	_	1	-	2	-	_	3
Continued fever			-	_	_	-	-	-	<u> </u>	-			-
Relapsing fever		-	_	1 -	-	-	-	-	-		- 1	-	_
Cerebro-spinal meningitis	2	_	-		2	3	2	1	2	1	1	-	14
Encephalitis lethargica	1												
(acute)	_		—	-	1	2	-	_	-	_	— I		3
Polio-encephalitis (acute)	-		-	-	(I	-	-	-	-	_			-
Poliomyelitis (acute)	_	_	1	l —	-	1	_	-	1			_	3
Puerperal pyrexia	_	_	_	_	_			2	35	6		_	43
Ophthalmia neonatorum	3	—	_	_			-	_	_	_	1	_	- 3
Cholera	_		_	-	_		_	_	_		_	_	_
Pneumonia	30	15	22	15	8	34	13	9	14	23	54	30	267
Malaria	_	_	_	_	_	/		_	2	_	1	_	3
Dysentery	1			1	2	1	_ \	_	_	_	-	_	5
*Measles	42	94	117	98	134	369	21	7	8	_	1	1	892
*Whooping cough	49	55	73	56	41	101	3		2	_		1	381
1 0 0													
Totals	136	196	256	215	265	820	158	55	108	47	82	41	2379
The state of the s	With the later of		OUT SECURITY	- Charles	Annual Printers	CHARLES IN COLUMN	700 Day 100 O	OTHER DESIGNATION OF	A DESCRIPTION OF THE PARTY OF T	MANAGE WALLS			17970h-w89963

^{*} Made notifiable under the Measles and Whooping Cough Regulations, dated October 23rd, 1939.

The number of patients treated in the Infectious Diseases Hospital during the year was as follows:—

In hospital at beginning of year	
Discharged from hospital during year Number of deaths in hospital during year	709 8—717
Remaining in hospital at end of year	58

An analysis of the cases dealt with during the year is given below:

Patients sent in as suffering from	In hospital at beginning of year	Admitted during year	Died during year	Discharged during year	Remaining in hospital at end of year
Scarlet fever	18 21	$\frac{251}{263}$	1	249 253	19 30
Diphtheria		47 71	1	47 77	2 3
Enteric fever		2 1	•••	2 1	•••
Cerebro-spinal fever	1	6 5		7 1	
Erysipelas		 4		 4	
Measles		10 19	···	9	1 1
Whooping Cough		13 7		13 7	
Other diseases	3	8 12		7 14	1
Totals	56	719	8	709	58

Of the 3 patients sent into the Infectious Diseases Hospital as cases of enteric fever, none were found to be suffering from this disease. The final diagnoses were as follows:—1 enteritis, 1 food poisoning and 1? lungs.

IMMUNISATION AGAINST DIPHTHERIA

Immunisation against diphtheria free of charge has continued throughout the year, although the number of children who completed the course shows a marked decrease compared with the previous year.

The number of children whose immunisation was **completed** during the year was 1,318, made up as follows:—

1— 5 years of age 1.05	7
5—15 years of age	7
	-1,294
15 years and over 2-	4
Total	- 1,318

It is not possible to state exactly the total numbers of children in these age groups, but a fair estimate would be :—

1— 5 years of age	
Total	28,700

Out of this total, the numbers of children who have now (that is, by the 31st December, 1944) received a complete course of immunisation against diphtheria are as follows:—

Under 5 years of age 5—15 years of age		(33%) (59%)
Total	14,174	(49%)

The following tabular statement shows the number of children immunised each year since 1933:—

-			-	-									
Age in years on st December of the brresponding year.	1933	1934	1935	1986	1937	1938	1939	1940	1941	1942	1943	1944	
ıder 1 year	_		3	1	1	13	3	3	1	5	18	9	
year ;	2	1	62	16	19	31	12	15	103	419	551	548	Total inocu- lated aged un- der five years
years	2	8	29	15	24	73	45	31	198	501	465	347	on 31st December, 1944
years	7	7	42	12	30	78	32	25	209	414	392	65	3484
years	2	13	62	19	28	77	28	19	182	379	382	57	
years	4	12	201	24	43	125	43	23	216	349	246	60	
years	6	11	479	29	48	174	31	19	373	263	2 85	48	
years	2	9	580	18	32	190	45	27	385	214	320	43	
years	8	9	591	13	19	200	32	27	387	160	248	23	Total inocu-
years	1	12	668	10	23	120	23	18	401	126	286	21	lated aged 5-15 years on 31st December, 1944
years	-	11	713	7	5	125	20	17	384	117	240	16	
years		1	666	7	10	96	11	10	393	112	292	16	
years	_	6	557	4	9	111	11	10	385	109	298	7	
years	-	3	532	4	6	62	9	7	336	103	198	15	
years	_	1	306	11	4	44	3	5	250	36	208	19	
years and over	9	6	90	14	9	69	25	23	132	27	33	24	Total inoculated aged 15 years and over on 31st December, 1944
													7763
ocal each year.	43	110	5581	204	310	1588	373	279	4335	3334	4462	1318	Grand Total 1933-1944 21937

SKIN CLINIC

3,676 attendances were made at the Cinic during the year by adults, and children under 5 years of age. * Details of the defects treated are set out below.

Information relating to the treatment of school children may be found on page 44 of this report.

Disease or defect	Number of defects treated at the Clinic during the year
Scabies (a) Uncomplicated (b) Complicated Scabies contacts (found to be free from Scabies) Diseases of the scalp (due to lice and nits) Other skin diseases Total	167 127 289

MUNICIPAL LABORATORY

Details of the work carried out at the Municipal Laboratory in respect of Birkenhead and neighbouring Authorities during the year are set out below:—

Birkenhead

	I.D. Hospital	B'head Mun. Hospital	Other Sections of Dept.	Medical Practs.	Total
Swabs for Diphtheria—Pos		15 703	1 38	15 408	77 1534
Neg	_	223 1078	109	521 257	853 1395
Blood for Widal Pos	1	8	1 2	3 15	5 26
Blood for Wassermann Smears for Gonococci	1	372 104	906 1688	1100 34	2378 1827
Other Examinations	23	9288	638	1131	11080
	459	11791	3411	3484	19175

Other Authorities

Clatterbridge County (General) Hospital	17,658
Wirral Joint Hospital Board Fever Hospital	
Borough of Bebington	590
Liverpool Open-air Hospital for Children, Leasowe	24
County Borough of Wallasey	1,074
Hoylake Urban District Council	98
Wirral Urban District Council	134
Neston Urban District Council	9
Ellesmere Port Urban District Council	
	23.899

Total	43,	074
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BIRKENHEAD MUNICIPAL (GENERAL) HOSPITAL

An important development in the work of the hospital took place during the year, when the Council decided to appoint a part-time Consultant and Operating Surgeon on the staff. This appointment was given to Mr. J. H. Rawlinson, F.R.C.S., and dated from 18th May. The object of this appointment was to relieve the Medical Superintendent and his deputy of a considerable part of the major surgery of the hospital, and allow the Medical Superintendent to devote most of his time to administrative duties.

The whole-time Medical Staff of the Hospital consists of:—
Medical Superintendent (Dr. R. A. Grant)
Deputy Medical Superintendent
Senior Resident Medical Officer
Four Resident Medical Officers

In addition, the part-time services of

A Radiologist A Physician

An Aurist and Laryngologist

A Psychiatrist

A Consulting Surgeon in General Surgery

An Orthopædic Surgeon

An Obstetrician and Gynæcologist, and

A Dental Surgeon

are now retained, and Dr. Foster and Dr. Blackstock carry out duties as Consultants in their special subjects (tuberculosis and venereal disease).

The Hospital is recognised as a training school for the General Nursing Council and as a Part 1 training school for the diploma of the Central Midwives Board. During the past year members of the nursing staff have passed out from the Hospital as fully trained nurses and midwives, and many nurses who have been trained at this Hospital in the past are now serving with the Queen Alexandra Nursing Services attached to H.M. Forces.

During 1944, 4,921 patients were admitted as against 4,929 the previous year.

Several wards were provided for the treatment of battle casualties from the Western area; by the end of the year these had all been discharged. The Hospital is classified under the Ministry of Health's scheme as a Class 1 Casualty Clearing Hospital, but the reservation of 100 beds required for the admission of air raid casualties was cancelled as from the last day in December. During the past winter it was necessary to restrict the admission of senile and chronic cases owing to lack of accommodation at the Hospital. At no time, however, has it been necessary to refuse the admission of acute surgical, medical or emergency obstetrical cases. The strain on the reserves of the

Hospital has been so severe this winter that unless alternative accommodation is found for chronic sick and infirm cases, it is possible that patients suffering from acute conditions will require to be refused admission in the future.

A further increase in the number of mothers dealt with and babies born at the Hospital occurred in 1944. With the limited accommodation for Maternity cases at the Hospital, it has not been possible to deal with every application for admission, and it is still necessary to transfer mothers and babies from the Maternity Block to the main Hospital often only a few days following confinement. The Maternity Block was inspected by representatives of the Central Midwives Board who recognised the heavy handicaps associated with obsolete and inadequate accommodation, and stated that "magnificent work was being done under very considerable difficulties."

In order to provide better working conditions, a scheme has been drawn out for the delivery of Maternity cases in the main Hospital. This would avoid the danger of transfers of mothers during the puerperium, and would also enable the Hospital to deal with a slightly larger number of confinements. The scheme was approved by the Council which sanctioned the necessary expenditure, but up to date it has not been possible to put this into operation, as the suggested ward to be converted contains some 18 senile infirm cases. It is not at present possible to see how this ward can be utilised until alternative accommodation has been found for chronic and senile sick. Between 60 and 70 of this class of patient is constantly being nursed in first-class Hospital beds, and it is urgently necessary to provide suitable accommodation for these elderly patients, and so release beds for more urgent work at the Hospital.

Stretcher bearers from the B.R.C.S. still continue to render valuable assistance to the Hospital. Their help is particularly appreciated in transferring cases to the municipal annexe at Arrowe on Sunday mornings. They have also kindly assisted the nursing staff in the wards and operating theatres after the day staff of porters have left the hospital, and we owe a deep debt of gratitude to the Red Cross for their kind assistance.

Alterations and variations in the patients' dietary have been carried out with the assistance of the Clerk Steward and the Dietitian. A full and varied diet is at present supplied to patients and greatly appreciated by them. Recently an additional evening meal has been added to the Dietary, but whether this can be continued or not depends largely upon the maintenance of adequate staff in the Kitchen.

Very considerable difficulty has been met in retaining a suitable staff at the Hospital. There is a great national shortage of nurses particularly of trained nurses, and Matron has encountered serious difficulties in attempting to keep wards adequately staffed. Towards the end of 1944, this became an impossibility. Wards were under

Marine Committee Committee

staffed, and it is a regrettable fact that the same amount of nursing attention cannot be given to patients until a very considerable increase in available nurses takes place.

Domestic and manual staff have also provided many problems. The standard of cleanliness maintained in the wards and corridors in peace time has had to be lowered owing to the difficulty in obtaining suitable staff from the Ministry of Labour.

During the year 1944, a new **Diabetic Clinic** has been instituted at the Municipal Hospital. The Clinic has received the approval of the Diabetic Association, and is held every Tuesday morning under the supervision of Dr. Grunberg, the Senior Resident Medical Officer and Dr. Ritchie, the Borough Pathologist. Cases sent up by General Practitioners are seen as well as Continuation cases who have been inpatients at the Hospital. Advice on the Dietetic side is given by the Dietitian, and the help of the Laboratory in maintaining Diabetics on a healthy footing is greatly appreciated. It is hoped that this Clinic will increase in numbers as it becomes better known in the Town; there is no doubt it is the best means of Diabetics maintaining the highest possible standard of health during life. A printed brochure concerning the necessary diets is given to all patients at a cost of 1/-, and where necessary Insulin has been given free of charge to those patients who are otherwise unable to obtain this drug.

The following table shows the number of admissions, births, discharges and deaths during the year: -

charges and deaths during the year.				
	Men	Women	Children	Total
In Hospital on 31st Dec., 1943	122	139	88	349
Admissions				
From own homes and other Hospitals	1047	2087	715	3849
Service cases admitted	220	1:3	-	233
From Birkenhead Institution	25	20	58	1():;
From Eastham House	2	2		4
Births in Hospital		/	664	664
Air raid casualties	1		-	1
London Hospital Transfers:—				- 12
(a) Sick	20	14		- 34
(b) Air Raid casualties	1	7		H
Billeted Evacuees	3	20	•2	25
Total Cases dealt with	1319	2163	1439	4921
Discharges				3
To own homes or other Hospitals	726	1896	1295	3917
Service cases discharged	204	13	***************************************	217
To Birkenhead Institution	32	34	59	125
Deaths in Hospital	321	179	(1-5	592
London Hospital Transfers:—				- 0
(a) Sick	19	133		32
(b) Air Raid Casualties	1	6		7
Billeted Evacuees	3	18	12	38
Total Discharges and Deaths	1306	2159	1458	4923
Cases in Hospital on 31st Dec., 1944	111	143	69	828
Service cases on 31st Dec., 1944	24			24
Total cases in Hospital on 31st Dec., 1944	135	143	69	347

The total number of Surgical operations carried out during the year was as follows:—

Operations carried out under:—						
General Anae	sthetics			624		
Local	* *			70		
Spinal	; 1			150		
Intravenous	, .			132		
No	, ,			31		
					1007	
Operations for ton	sils and	adenoids—	-			
S.M.S				32		
Others				3		
					35	
Eye operations					14	
Nasal ,,					6	
Dental ,,					_	

Below is a summary of the Maternity cases dealt with at the Hospital during 1944:—

Total No. of women dealt with	Married	Single	Total No. of children dealt with	Live births	Still births
685	624	61	685	657	28

A summary of the work carried out at the X-Ray Department during 1944 is set out below:—

IN-PATIENTS

	Cases	Radiographs taken
Stomach	256	 1024
Kidney	107	 642
Gall Bladder	87	 348
Chest	814	 844
General	539	 1617

OUT-PATIENTS

	Cases	R	adiographs	taken
Chests	1108		1156	
General	253		759	
Total No. of Radiographs to	aken			6390
Total No. of Patients screen	ed			2574
Electrocardiographs taken .				60

Summary of the attendances made in the Continuation Clinic and Out-patient Department:—

N	lew	Cases.	At	tendaı	ices.
Ear, Nose and Throat		323		588	
Ophthalmic	••	328	•••	589	(Spectacles prescribed 96)
Orthopaedic		67.		286	,
Tuberculosis		45		1958	(21 Broncho-
					grams)
Dressings		148		2476	
Massage		297		2109	
Post-Natal		162		-232	
Diabetic		41			(Clinic es-
				1	tablished 6th
					June, 1944)
Dental		84		178	,
E.M.S	.,	1		65	

The following specimens were sent to the Municipal Laboratory during the year:—

Bacteriologic	al specimens	6915
Biochemical	specimens	1208
	specimens	3668

ARROWE MUNICIPAL HOSPITAL ANNEXE

639 patients were admitted to this Hospital in 1944 as against 345 patients in 1943.

This increase was partly due to the restriction placed on admissions to the Municipal Hospital following D Day, and it became necessary to obtain the sanction of the Council to increase the number of available beds at the Annexe.

A total of 40 beds are now maintained, and this has to some extent eased the strain on the Hospital. It must be remembered that there is still a grave shortage of beds at the Municipal Hospital partly due to two wards having been destroyed by enemy bombardment and to other reasons. Undoubted benefit is felt by patients who are transferred to the wards at the Annexe. It is felt that patients following a stay at Arrowe are discharged much more physically fit than if their entire convalenscence had been spent at the Municipal Hospital. The average duration of stay in Arrowe is in the neighbourhood of fourteen days.

Men	Women	Children	Total
2	13	6	21
221	298	125	():39
		•	
168	279	110	5.57
21	15	8	44
_		3	3
-		3	3
27			27
	1		1
216	295	124	635
. 7	11	7	25
	2 221 168 21 27	2 18 221 293 168 279 21 15 27 1 216 295	2 13 6 221 293 125 168 279 110 21 15 8 — — 3 — — 3 — — 3 — — — 27 — — — 1 — 216 295 124

MENTAL DEFICIENCY

There were no new developments in connection with the administrative arrangements during the year.

The total number of cases under the care of the Mental Deficiency Acts Committee at the end of the year was 285. These had been dealt with in the following ways:—

		Males		Females		Total
		Under	13 years and over	Under	1s year	rs
1	Iental Defectives on the Register	10 ears	and over	10 years	andos	C1
	placed by the Committee under					
	home supervision and not at pre-					
	sent recommended by the Commit-	40				
7	tee for institutional care	18	35	14	43	110
7/	dental Defectives on the Register					
	placed by the Committee under		4			4
7	guardianship		4			4
-	placed by the Committee tem-					
	porarily under home supervision					
	but recommended by the Commit-					
	tee for institutional care as soon as					
	accommodation becomes available	9	12	1	5	27
7	Iental Defectives on the Register					
	placed by the Committee in					
	institutions:—					-
	Ashton House				1	1
	Brentry Colony	7	$\frac{1}{27}$	<u>-</u>	47	1 86
	Cranage Hall	1	<i></i>	9	41	1
	Public Assistance Institution	2	17		4	23^{-1}
	Rampton State Institution			1		1
	Royal Albert Institution	3	. 1			
	Royal Earlswood Institution	2				$\frac{4}{2}$
	Stoke Park Colony				1	1,
7	Iental Defectives on the Register					
	placed in institutions (including					
	State Institutions) by parents,		0	1	11	24
	Public Assistance Committee, etc.	8	9	1	11	24
		${45}$	106	22	112	285

WELFARE OF THE BLIND

No changes were made in the administrative arrangements during the year.

The total number of blind persons on the Register at the end of the year was 268—143 males and 125 females.

The number of blind evacuees at the end of the year was 4.

HOUSING AND ENVIRONMENTAL HYGIENE

This work still suffered during 1944 owing to shortage of staff. The normal staff consists of 14 Inspectors, including the Chief Sanitary Inspector, and one Sanitary Inspectors' Assistant.

Two of these are serving in H.M. Forces; four others left the service for more lucrative posts, but only one of the vacancies has been filled.

No houses were erected during the year which did not comply with the building bye-laws.

The total number of premises inspected for housing and other defects under the Public Health or Housing Acts during the year was 10,914. 28,988 inspections were made for this purpose.

MATERNITY AND CHILD WELFARE

Although fewer babies are being breast fed on account of war-time difficulties, their health and nutrition are good and the regular attendances made by young mothers at the clinics show that they appreciate the necessity of nursing and medical supervision in the feeding of their babies. Almost every baby who comes to the clinic is receiving the cod liver oil and orange juice, and rickets is practically never seen.

Nutrition is very good on the whole and the majority of babies are well cared for.

Advice is sought on the subject of weaning and mothers are given up-to-date diet sheets to help them over this difficult stage.

The toddler, too, enjoys quite good health, due largely, no doubt, to the concessions made for them by the Ministry of Health and Ministry of Food.

Clinics are well attended and the children are immunised against diphtheria when they attain the age of 10-12 months.

The weight and height of the average child are well maintained and the vitamins and milk are all taken regularly. Deformities due to rickets are rarely seen, and mothers are anxious to avail themselves of the amenities offered by the various special clinics, e.g., orthopaedic, eye, ear, nose and throat, and artificial sunlight clinics.

Teeth are apt to be neglected and there is a considerable degree of early caries of the deciduous teeth. A dental clinic for this age group would provide a very useful service.

There is very little evidence of malnutrition due to war-time conditions, and mothers are becoming more aware of the advantages of a well-balanced diet.

War-time Nurseries

This year has been a record year for all three Birkenhead Nurseries.

In each establishment there have been periods when the demand for admission has exceeded the capacity of the nursery, and a waiting list had to be compiled.

Admission has always been limited to one child from each family, though in many cases the working mother was anxious to leave 2 or even 3 children.

The following figures show the number of attendances made in 1944 at each nursery:—

Name of Nursery	Capacity	No. of chi register di	ldren on uring year	No. of at	tendances g year
		0-2	2-5	0-2	2-5
Cavendish Road Old Chester Raad Hollybank Road	47	76 74 50	86 61 63	3906 3797 3664	8431 7030 6781

The children, whose ages vary from about 3 months to 5 years, are brought to the nursery at 7.30 a.m. and collected again at 5.50— \mathfrak{e} p.m. During their stay they are given 3 meals—breakfast, dinner and tea, and a bath.

The older children, between the ages of 2-5 are supervised by a trained warden and a certificated teacher, and it is astonishing to see the progress made by these young children; they have a time-table and the daily routine is strictly adhered to. As much time as possible is spent in the open air, good habits are learned, such as teeth cleaning, washing themselves and table manners, and their mental and physical needs are well catered for.

All children are medically inspected approximately every two months and any special defects are noted, and advice given to the mother. All children are immunised against diphtheria.

All three nurseries have suffered from minor epidemics of infectious diseases, but on the whole the health of the children and staff has been good, and the children have all gained weight, and have been happy and contented.

In addition to caring for the children entrusted to them, the Matrons are training young probationers to become Nursery nurses, and it is pleasing to be able to report that the first five candidates from the Cavendish Road Nursery to take the examination for the Diploma of the National Society of Children's Nurseries were all successful.

Midwives

100 midwives gave notice of their intention to practise in the Borough.

Municipal Midwives

The following is a summary of the work of the eight whole-time Municipal midwives on the staff of the department.—

Number	of	bookings		804
Number	of.	births		662
Number	of	visits to p.	atients16	.535

Maternity Hospital Midwife

Under the terms of the agreement with the Maternity Hospital for domiciliary midwifery, the Hospital midwife carried out work as follows:—

Number	of	bookings	112
Number	οľ	births	79
Number	ōf	visits to patients 1	(695

Home Visits

In connection with the Maternity and Child Welfare Scheme, visits were paid by the Health Visitors as follows:—

То	children under 1	year	6725
	children between		
	expectant mother		
	mothers and ch		
	laneous matters)		3276

Infant Welfare Clinics

At the infant welfare clinics 1.656 first visits and 19,563 revisits were made by children under 5 years of age. Of these, 1,586 (who made 5,877 revisits) were examined by an assistant medical officer.

Below is a table showing the number of births notified during the year in the areas associated with each clinic; and the number of infants under one year who have attended the clinics for the first time.

	North	South	Hamilton Sq.	Mount Grove	Total
No. of births notified	965 \	991	590	545	3091
No. of infants who					
attended	508	593	227	208	1536
e	(52%)	(60%)	(40%)	(30%)	(50%)

Supplies of free milk were given to:—
78 infants

At the toddlers' clinics 250 first visits and 2824 revisits were made.

Antenatal Clinics

In regard to the antenatal clinics, sessions were held on 154 occasions, the number of patients dealt with 1,140; the total number of attendances being 3,779.

A small amount of postnatal work was carried out at the antenatal clinics. 5 mothers paid 5 visits.

Infant Life Protection

At the end of the year the names of 22 children were entered on the Register in accordance with the provisions of Section 65 of the Children and Young Persons Act, 1932.

Ophthalmia Neonatorum

3 cases of Ophthalmia Neonatorum were notified during the year. One was treated at home and two were treated in hospital. Vision was unimpaired.

Maternal Mortality

The Registrar-General's annual statement of causes of death includes 13 deaths connected with pregnancy and childbirth.

This gives a maternal mortality rate of 4.51 per 1,000 births (living and still), as compared with a rate of 1.93 for the whole country.

The causes of the deaths were as follows:—

Puerperal sepsis	- 3
Other maternal causes	10

Evacuation of Expectant Mothers

40 expectant mothers were evacuated from the Borough during the year.

CIVIL DEFENCE MEDICAL SERVICE

Although enemy activity was resumed over the London and the Southern Counties during the year with pilotless planes and rocket shells, no incidents occurred in this area.

A request for volunteers for reinforcing the Casualty Service personnel of the London and Southern Regions met with an instant response from both the full time (paid) and part time (unpaid) staff of the First Aid Posts in Birkenhead. Although they were ready to move at very short notice it did not become necessary for them to do so. It was, however, very gratifying to know that the personnel were so loyal and willing to assist.

Further reductions in the whole time paid establishments were made during November and December, the authorised paid establishment at the end of the year being 3 Trained Nurses and 4 First Aid Attendants.

In consequence of the reduction of the personnel 5 fixed first aid posts were closed and the mobile first aid post dismantled before the end of the year, when there remained 3 fixed first aid posts.

Civil Nursing Reserve

There were no new developments during the year.

Mrs. G. S. Prentice, Honorary Organising Chairman for the Civil Nursing Reserve for Birkenhead, continued throughout the year to give very valuable service.

The enrolment figures of all Birkenhead Civil Nursing Reserve members up to the end of the year who were giving regular reliable service are as follows:—

Full time Nursing Auxiliaries (including	
B.R.C.S. and S.J.A.B. members)	76
Part time Nursing Auxiliaries (including	
B.R.C.S. and S.J.A.B. members)	203
State Registered and Assistant Nurses	47

HEALTH OF SCHOOL CHILDREN

Staff

During the year no changes have occurred in the whole-time medical staff engaged on executive School Medical Service duties; the staff consisted of Dr. E. Blackstock, Dr. A. M. Williams and Dr. Esmé Grant.

Every effort to replace Dr. Murray, who was called for military service in 1948, by a whole-time officer proved unsuccessful, and additional part-time services were obtained. The part-time medical staff has consisted of Dr. P. Marsh; Dr. P. I. Unsworth, who rejoined the staff in May; and Dr. A. R. F. Adams, who inspected boys in the Central and Secondary Schools in the early part of the year.

The work of dental inspection and treatment has been carried on by one Senior Dental Surgeon, Mr. P. Wilson Smith, and two Assistant Dental Surgeons, Mrs. D. F. Wilson and Miss E. M. Warlow.

Orthopædic Clinic for Children

On the 20th August Mr. T. Hartley Martin was compelled, on account of ill health, to terminate his appointment as Orthopædic Surgeon on the staff of this Department; and his death took place on the 18th October. Mr. Martin had been in charge of the Orthopædic Clinic since its opening in November, 1925, and the immediate and continual success of the work carried out has been largely due to his untiring efforts and to the great interest shown in each individual case. Mr. Martin was a most able orthopædic surgeon, and instantly won the confidence of the children who came under his care. He was popular with his colleagues, his rare charm of manner being felt even by the least sensitive.

Mr. Horace Davies, M.B., Ch.M., M.Ch.Orth., F.R.C.S., who acted as locum tenens during Mr. Martin's holiday period, has consented to carry on with this work until the cessation of hostilities in Europe. Mr. Davies reports that since taking up his duties at the Clinic he has been impressed by the high percentage of preventative conditions, e.g. flat feet, faulty position etc. found amongst children of school age. The treatment of postural defects, which are responsible for many disabilities in adult life, is of prime importance in child development. In view of this, special postural classes have been set up in schools in the Borough. The scheme is still in its early stages and in spite of war-time difficulties a good foundation is being laid which will show, undoubtedly, significant results.

Details of the work carried out at the Clinic are given on pages 46-49 and 56 of this report.

Ear, Nose and Throat Clinic

Mr. P. W. Leathart, the Consultant Aurist and Laryngologist, who resigned his appointment on the 30th June, has been replaced by Mrs. B. M. L. Abercrombie, M.B., M.R.C.S., D.L.O. Mr. Leathart always

took the greatest interest in all children referred to him; and the conservative methods he employed were the source of much interest among the members of the medical profession.

Details of the operative and other treatment provided for children of school age at this Clinic may be found on pages 46 and 56 of this report.

Municipal Skin Clinic

Most essential work has been carried out during the year at this Clinic, which remains under the care of Dr. Blackstock and the Nurse in Charge, Miss Beattie.

Although the Clinic has been in existence for such a comparatively short period, it has become an indispensable part of the Borough's health service. The work carried out is of vital importance in that it considerably eases the strain on the out-patient clinics and in-patient accommodation of the hospitals in the area.

Although there has been a steady decline, throughout the year, in the incidence of scabies, a greater number of other skin diseases has been treated. It was found that rather less than two treatments (the average for the year was 1.82) were required to effect a cure for a case of uncomplicated scabies. This remarkably rapid cure was possible only where the treatment was applied by specially trained staff at the Clinic. No comparable results could be achieved by home treatment. Certain other skin diseases require a much greater number of daily treatments. These can be provided successfully only at a special Skin Diseases Clinic. At the Minor Ailments Clinics no provision is made for the treatment of whole families. It is essential for a speedy and complete recovery that all members of a family suffering from a contagious skin disease should be treated at the same time in order to prevent re-infection in the home.

During the year 377 school children suffering from pediculosis and uncleanliness received treatment, which included, in some cases, the provision of baths and the stoving of clothes. Many of these cases were referred to the Clinic by parents, welfare officers, and the staffs of the Invalid Children's Association and of the Birkenhead and Wirral Children's Hospital.

The prevalence of contagious skin diseases and uncleanliness is largely due to overcrowded conditions which, unfortunately, are likely to remain for some years after hostilities have ceased. The need for the setting up of a permanent Skin Diseases Clinic is, therefore, a matter of great urgency.

Government Evacuation Scheme

In accordance with the instructions of the Ministry of Health, issued in November, 1944, arrangements have been made for the return to Birkenhead of the majority of evacuated school children.

At the end of December there were approximately 286 children remaining in the Reception Counties. Of this number 12 were remaining for the purpose of taking either the School Certificate or the Higher School Certificate examination; and 274 have not returned either because of unsatisfactory home conditions, e.g. where mothers are in the Women's Services, or where there is insufficient accommodation in the home; or on account of the fact that parents have made private arrangements with the billet holders for the children to remain in Wales.

The medical and dental inspection of these children is being carried out by the staffs of the County Medical Officers during visits to the schools which the children attend.

I have great pleasure in expressing, once again, my appreciation of the willing co-operation of the County Medical Officers and their staffs; and of the interest shown in the children's welfare by the householders with whom they were billeted. Many of the children now returning to Birkenhead have benefited greatly, both physically and mentally, from their evacuation to the country districts.

General

In spite of the shortage of medical staff available for School Medical Service duties every effort has been made, throughout the year, to complete the medical inspection of children in all the four age groups, and of pupils attending the Secondary Schools. With the exception of a small number of entrants, who will be examined early in the New Year, this has been achieved.

In view of the many war-time difficulties the general health of school children in the Borough may be reviewed with considerable satisfaction; the general standard of nutrition shows in a number of cases some improvement.

Many mothers continue in some form of war work, and their children are often not as well cared for as in pre-war years. A small number of children with previous records of cleanliness have been found suffering from pediculosis; clothing is often dirty and inadequate; and, in particular, the condition of footwear is very poor. Untidiness is especially marked amongst children between the ages of 11 and 14 years, many of whom have home duties to perform and younger children to care for during their mother's absence.

Unfortunately there are still found a few examples of complete indifference on the part of parents to their children's welfare; no amount of persuasion by either doctors or nurses succeeds in making them conscious of the harm which they are causing by neglecting to obtain the necessary treatment for defects discovered at medical inspections.

On the whole, however, parents are more co-operative; and they are becoming increasingly conscious of the advisability of availing themselves of all the services provided by the Education Authority. Their

growing appreciation is evidenced by the fact that during 1944 parents attended at 59% of the medical inspections carried out in schools, as compared with 46% in the previous year.

At the Nutrition Surveys held in schools the Assistant Medical Officers discover that many of the children selected as suffering from malnutrition or sub-normal physical development are receiving, already, extra milk, tonics and vitamin preparations. One of the main causes of malnutrition still to be dealt with is **insufficient sleep**. The Assistant Medical Officers emphasize repeatedly that many children are allowed to stay up far too late. Parents must realize that an adequate amount of sleep is essential if their children are to grow up healthy both in body and in mind.

The long hours of evening light associated with Double Summer Time are sometimes quoted as an excuse by parents for their failure to put their children to bed at correct hours. This is a poor excuse for what is in fact lack of parental care and control. In the more Northern parts of Britain, before the introduction of Summer Time, daylight persisted up till eleven o'clock or later; but children were put to bed at proper hours, and slept.

The provision of milk and meals in the majority of the Secondary and Elementary Schools in the Borough continues to prove beneficial to a large number of children; particularly to those whose mothers are unable to provide a mid-day meal, not only sufficient in quality but suitable in composition—that is to say containing the materials essential for healthy growth and maximum possible development.

I would express once again my warm appreciation of the ready help given to me by the Director of Education and his stuff; and of their continual interest in the work of the School Medical Service.

MEDICAL INSPECTION

(see note a)

A.—ROUTINE MEDICAL INSPECTIONS

Number of Inspections in the Prescribed Groups (see note b)— Entrants	2133
Second age group Third age group	1494 1271
Total	4898
Number of other Routine Inspections (see note c) Fourth age group Nursery Classes	1285 36
Total	1321
Grand Total	6219
B.—OTHER INSPECTIONS	
Number of Special Inspections (see note d)24In schools24In clinics3939	3963
Number of Re-inspections (see note e)	3371
Total	$\frac{-}{7334}$

CHILDREN FOUND TO REQUIRE TREATMENT

Number of individual children found at routine medical inspection to require treatment (excluding defects of nutrition, uncleanliness and dental diseases).

dental diseases).

Note.—No individual child is counted more than once in any column of this Table; for example, a child suffering from defective vision and from adenoids appears once in Column 2, once in Column 3 and once only in Column 4. Similarly a child suffering from two defects other than defective vision appears once only in Column 3 and once in Column 4.

Group, (1)	For defective vision (excluding squint)	For all other conditions recorded in table on p. 37 (3)	Total.
Entrants Second Age Group Third Age Group	97	250 132 107	259 229 194
Total (Prescribed Groups) Other Routine Inspections		489 108	682 171
Grand Total	261	597	853

NOTES ON TABLES (Page 35)

- (a) The return refers to a complete calendar year.
- (b) This heading relates solely to the routine medical inspection of the three ordinary age groups, i.e., to medical inspection carried out
 - (i) in compliance with Article 17 of the Consolidated Regulations relating to Special Services—Grant Regulations No. 19; which states that "the authority must provide for the medical inspection of all children in Public Elementary Schools as soon as possible in the twelve months following—(a) their first admission to a Public Elementary School and (b) their attaining the age of 8 years and (c) their attaining the age of 12 years."

(ii) on the school premises (or at a place specially sanctioned by the

Board);

- (iii) for the purpose of making a report on each child on the lines of the approved Schedule set out in Circular 582.
- (c) Under this heading is recorded routine inspections, if any, of children who do not fall under the three prescribed age-groups, e.y., routine inspections of a fourth age-group children who are eligible to leave school at the end of the term in which the inspection takes place) or of other groups of children, as distinct from those who are individually selected on account of some suspected ill-health for "Special" Inspection.
- (d) A Special Inspection is a medical inspection by the School Medical Officer himself or by one of the Medical Officers on his staff of a child specially selected or referred for such inspection, i.e., not inspected at a routine medical inspection as defined above. Such children may be selected by the Medical Officer during a visit to the School or may be referred to him by the Teachers, School Nurses, Attendance Officers, Parents, or otherwise. It is immaterial for the purpose of this heading whether the children are inspected at the School or at the Inspection Clinic or elsewhere. If a child happens to come before the School Medical Officer for special inspection during a year in which it falls into one of the routine groups, its routine inspection is entered in Part A of the table on page 35 headed "Routine Inspections" and its special inspection in Part B. The inspection recorded under the heading of special inspections is only the first inspection of the child so referred for a particular defect. If a child who has been specially inspected for one defect is subsequently specially inspected for another defect, such subsequent inspection is recorded as a Special Inspection and not as a Re-inspection.
- (e) Under this heading is entered the medical inspections of children who as the result of a routine or special inspection come up later on for subsequent re-inspection, whether at the School or at the Inspection Clinic. The first inspection in every case is entered as a routine or special inspection as the case may be. Every subsequent inspection of the same defect is entered as a re-inspection.

Nothing is included under the head of special inspections or re-inspections except such inspections as are defined above. Attendances for treatment by a Nurse, or for examinations by anyone other than a Doctor on the staff of the School Medical Service, are not recorded as medical inspections. If, however, at any such attendance a child is also examined by one of the Authority's Medical Officers, this is recorded as a special inspection or re-inspection as the case may be, even if treatment is also given; but such attendance is also of course recorded as an attendance for treatment.

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION

(1) Skin (1) Ringworm—Scalp (2) , —Body		Requiring to be kept under observation, but not requiring treatment	Requiring	Requiring to be kept under ob
(1) Skin (1) Ringworm—Scalp	Requiring reatment	to be kept under ob- servation, but not requiring treatment	Requiring treatment	to be kept under ob
Skin (1) Rıngworm—Scalp (2) ,, —Body	(2)	(3)	(4)	requiring treatment
(2) ,, —Body			(4)	(5)
(3) Scabies (4) Impetigo (5) Other diseases (non-tuberculous) Eye	2 2 27 7 7 14 14 6 6 — 18 303 27 11 7 33 42 5 6 44 6 4 1 27 50 14 7 — — — — — — — — — — — — — — — — — —	1 1 2 4 4 54 10 — 4 84 10 — 2 6 6 7 — 25 8 10 11 1 2 2 — — — — — — — — — — — — — — —	7 17 368 82 197 74 71 — 91 55 14 17 37 208 205 4 20 125 39 9 — 6 45 9 — 4 — 1	
Nervous system(33) Epilepsy	1 1		2 4	_
(35) Other conditions	2	1	1	_
Deformities(36) Rickets	1	_	1	_
(37) Spinal curvature	49	55	. 53	
(39) Other defects and diseases (excluding Defects of Nutrition, Uncleanliness and Dental Diseases)	144	68	2087	_
TOTAL	875	345	3863	_

CLASSIFICATION OF THE NUTRITION OF CHILDREN INSPECTED DURING THE YEAR IN THE ROUTINE AGE GROUPS

(see Administrative Memorandum No. 124, dated 31st December, 1934)

Age Groups	Number of Children	(Exce	\ ellent)		B mal)	(Slight su)	tly normal)	J (Ba	
	Inspected	No.		No.	- 0	No.	/0	No.	
Entrants	1494	60 78 12 88	2:81 5:22 3:31 6:66	1844 1279 1087 1086	86:45 85:01 85:52 82:21	227 135 142 147	10.64 9.03 11.17	2 2 -	·10 .14
Total	6219	268	4:31	5296	85.16	651	10:47	4	.06

RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA

This return is in respect of all exceptional children in the area, and is not confined only to those for whom suitable accommodation is available.

For the purpose of this Table no child is included who has not been examined by the School Medical Officer, by a medical member of the Authority's staff, or by the Tuberculosis Officer.

The table is made up from the list of exceptional children as it stood on the last day of the calendar year.

Children sent by the Authority to Day or Residential Schools outside the area are included in this table; children who are living in Residential Schools in the area, or attend Day Schools in the area, but who come from other areas, are not included.

No child is entered under more than one heading in this form

BLIND CHILDREN

A blind child is defined by Section 69 of the Education Act, 1921, as one who is "too blind to be able to read the ordinary school books used by children." This definition covers some children who are totally, or almost totally, blind and can only be appropriately taught in a school for blind children, and others who have partial sight and can be appropriately taught in a school for partially sighted children. Only the first class is included in this section.

Number at Certified Schools for the Blind 6

PARTIALLY SIGHTED CHILDREN

In this section are included only children who, though they cannot read ordinary school books or cannot read them without injury to their eyesight, have such power of vision that they can appropriately be taught in a school for the partially sighted.

Children who are able by means of suitable glasses to read the ordinary school books used by children without fatigue or injury to their vision are not included in this table.

During the year 5 new cases were added to the register.

Below is a classification of the defects from which these partially sighted children suffer:

Congenital cataract and nystagmus	1 1
Myopia Hypermetropia	16
Coloboma of the iris and choroid	1
Nystagmus	1
	29

DEAF CHILDREN

A deaf child is defined by Section 69 of the Education Act, 1921, as one who is "too deaf to be taught in a class of hearing children in an elementary school." This definition covers some children who are totally, or almost totally, deaf and can only be appropriately taught in a school for deaf children, and others who have partial hearing and can be appropriately taught in a school for partially deaf children. Only the first class is included in this section.

Number at Certified Schools for the Deaf 18

PARTIALLY DEAF CHILDREN

In this section are included children who can appropriately be taught only in a school for the partially deaf.

MENTALLY DEFECTIVE CHILDREN

Mentally defective children are children who, not being imbecile and not being merely dull or backward, are incapable by reason of mental defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools, but are not incapable by reason of that defect of receiving benefit from instruction in special schools for mentally defective children.

The following table includes all such children except those who have been notified to the Local Authority under the Mental Deficiency Acts in accordance with Article 3 of the Mental Deficiency (Notification of Children) Regulations, 1928. Particulars relating to these children are entered in the return of notified children (see following page).

Claughton Road Council School.—In accordance with the arrangements for ascertainment, examinations of children suspected to be mentally defective were held at various schools and clinics during the year by the Assistant Medical Officers.

		•	
The results of these examinations are set out below:			
Total number examined—Boys	28 18		
		46	
Number certified as mentally defective—BoysGirls	8		
_	26*		
* Four of these were recommended for admission to a residential special school and three were notified to the Local Authority under the Mental Deficiency Acts.			
Number recommended to continue in attendance	1.0		
at ordinary elementary schools—BoysGirls	10 10		
		20	
During the year Dr. Williams re-examined a number of cl were in attendance at Claughton Road School.	nild	ren '	who
The results of the examinations are set out below:			
Total number examined—Boys	33 19		
Total	52		
Number recommended for admission to an ordinary	_		
elementary school—Boys	1		
Total	1		
Number recommended for admission to the Class for	_		
Partially Sighted Children—Boys	1		
Total	<u>_</u>		
	_		
Number recommended to continue in attendance at Claughton Road School—Boys	23		
Girls	17		
Total	40		
Number notified to the Local Authority under the	_		
Mental Deficiency Acts—Boys	8 2		
	_		
Total	10 —		
A total of 22 children left school during the year			
(a) on reaching the age of 16 years	6		
(b) *before reaching the age of 16 years	16*		
* Ten of these were notified to the Local Authority under the Mental			- 7

^{*} Ten of these were notified to the Local Authority under the Mental Deficiency Acts. two were granted leave of absence, one was transferred to the Class for Partially Sighted Children, one was transferred to an ordinary elementary school and two who were evacuees, returned to London.

In addition to the above examinations which were carried out by the Assistant School Medical Officers 14 difficult or maladjusted children were referred to Mrs. Barton Hall, the Consultant Psychiatrist, at the request of teachers, parents and general medical practitioners.

After the examination of each child the parent, or guardian, was interviewed and advised with regard to the treatment and to the method of training, both at home and at school, which would prove most beneficial to the child.

Mental Deficiency (Notification of Children) Regulations, 1928 .-

Statement of the number of children notified during the year ended 31st December, 1944, by the Local Education Authority to the Local Mental Deficiency Authority.

_	Diagnosis	Boys	Girls
1.	(1) Children incapable of receiving benefit or further benefitfrom instruction in a Special Schoo		
	(a) Idiots		
	(b) Imbeciles	11	2
	(c) Others		_
	(ii) Children unable to be instructed in a Special School without detriment to the interests of other children:		
	(a) Moral defectives	_	_
	(b) Others		
2.	Feeble-minded children notified on leaving a Special School on or before attaining the age of 16	_	_
3.	Feeble-minded*children notified under Article 3, i.e. "special circumstances" cases	_	
4.	Children who in addition to being mentally defective were blind or deaf	-	_
_	Total	11	2

EPILEPTIC CHILDREN

In this part of the table only those children are included who are epileptic within the meaning of the Act, i.e., children who, not being idiots or imbeciles, are unfit by reason of severe epilepsy to attend the ordinary Public Elementary Schools.

(For practical purposes the Board are of opinion that children who are subject to attacks of major epilepsy in school should be recorded as "severe" cases and excluded from ordinary Public Elementary Schools.)

Number on register 6

PHYSICALLY DEFECTIVE CHILDREN

A.—TUBERCULOUS CHILDREN

Only children diagnosed as tuberculous and requiring treatment for tuberculosis at a sanatorium, a dispensary, or elsewhere are recorded in this category. Children suffering from crippling due to tuberculosis which is regarded as being no longer in need of treatment are recorded as crippled children, provided that the degree of crippling conforms to the description of a crippled child given at the head of Section C below. All other tuberculous children who are regarded as being no longer in need of treatment are recorded as delicate children provided the Medical Officer is prepared to certify under Section 55 of the Education Act, 1921, that they are incapable by reason of physical defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools.

L-CHILDREN SUFFERING FROM PULMONARY TUBERCULOSIS
(Including pleura and intra-thoracic glands)

II—CHILDREN SUFFERING FROM NON-PULMONARY TUBERCULOSIS
(This category includes tuberculosis of all sites other than
those shown in (I) above)

B .- DELICATE CHILDREN

This section is confined to children (except those included in other groups) whose general health renders it urgently desirable that they should be specially selected for admission to an Open Air School. Such children are included irrespective of the actual provision of Open Air Schools in the area, or of the practicability in present circumstances of sending the children to Residential Schools. Children are not classed as suitable for admission to an Open Air School unless the Medical Officer is prepared to certify under Section 55 of the Education Act, 1921, that they are incapable by reason of physical defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools.

Number on register 2

The impression must not be conveyed that there are only two children of school age who would benefit from instruction in an Open Air School. There would be no difficulty in selecting hundreds of children who would benefit both physically and mentally from the special environment and special instruction which such a school would provide.

C.—CRIPPLED CHILDREN

This section is confined to children (other than those diagnosed as suffering from tuberculosis and in need of treatment for that disease) who are suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal mode of life, i.e., children who generally speaking are unable to take part, in any complete sense, in physical exercises or games or such activities of the school curriculum as gardening or forms of handwork usually engaged in by other children, and in whose case the Medical Officer is prepared to certify under Section 55 of the Education Act, 1921, that they are incapable by reason of such physical defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools.

Number on register 9

D.—CHILDREN WITH HEART DISEASE

This section is confined to children in whose case the Medical Officer is prepared to certify, under Section 55 of the Education Act, 1921, that they are incapable by reason of such physical defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools.

CHILDREN SUFFERING FROM MULTIPLE DEFECTS

Mental Defect (Feeble-minded and Partially Blind)	1
Mental Defect (Feeble-minded and Epileptic)	2
Mental Defect (Feeble-minded and Heart Disease)	1
Hearing Defect (Epileptic and Deaf)	1
Sight Defect (Partially Blind and Partially Deaf)	1

RETURN OF DEFECTS TREATED DURING THE YEAR (see note a)

GROUP I.—MINOR AILMENTS (excluding Uncleanliness, for which see Page 51.

	Number of defects treated, or under treatment, during the year.					
Disease or defect	Under the Authority's scheme (see note b)	Otherwise (3)	Total			
(1)	()	(3)	(4)			
(9.2. Dingmonn cost)						
Skin-Ringworm-scalp (i.) X-Ray treatment	.,		2			
(ii.) Other treatment	2		5			
Ringworm—body			14			
Scabies	39	-	39			
Impetigo		_ /	71			
Other skin disease	136		136			
Minor eye defects	199	1	200			
(external and other, but excluding cases						
falling in Group II.) Minor ear defects	207		207			
Minor nose and throat defects		2	158			
Miscellaneous		1	1199			
(e.g., minor injuries, bruises, sores, chil-						
blains, &c.)						
Total	2024	7	2031			

The number of children who received treatment at the General School Clinic was 1,985. The total attendances numbered 9,301.

During the past year the Health Visitors paid 608 visits to the homes of children with defects in connection with "following up"—560 first visits, 48 re-visits.

GROUP II.—SCABIES AND OTHER SKIN DISEASES (excluding defects treated at the Minor Ailments Clinics)

Disease or defect.	Number of defects treated at the Skin Clinic during the year.
Scabies:	
(a) uncomplicated	542
(b) complicated	328
Scabies contacts (found to be free from scabies)	189
Secondary dermatitis (following scabies)	39
Diseases of the scalp (due to lice and nits)	367
Other skin diseases.	206
Total	1671

The total attendances made to the Clinic during the year numbered 5,477.

An average of 1.82 treatments only were required to effect a cure for each case of uncomplicated scabies.

GROUP III.—DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects treated as Minor Ailments—Group 1.)

	Numbe	r of defects dea	lt with
Defect or disease	Under the Authority's scheme (see note b)	Otherwise	Total
(1)	(2)	(3)	(4)
Errors of refraction (including squint)	577	19	596
Other defect or disease of the eyes (excluding those recorded in Group I)	10		10
Total	587	19	606
	Under the Authority's scheme	Otherwise	Total
No of children for whom spectacles were (a) Prescribed	562 466	19 19	581 485

Dr. Williams continued in charge of the Eye Clinic.

Care is taken to secure that, so far as can be judged without any elaborate system of investigation, only those parents who are not in a position to obtain private attention to their children's eyes are allowed to avail themselves of the facilities provided at the clinic.

During the year 385 new cases were examined. Spectacles were prescribed for 207 of these, the remainder being found to be emmetropic or cases for whom spectacles were of no benefit. 585 children attended for re-examination and 466 pairs of spectacles (new or replaced) were supplied.

Included in these totals is a small number of pre-school children who were referred from Toddler Clinics by the Assistant Medical Officers. 26 new cases were examined and 14 children attended for re-examination. 24 of the 30 pairs of spectacles which were prescribed were obtained before the end of the year.

The total cost of all the spectacles which were ordered during the year (including those ordered for secondary school and pre-school children) was £252. 0. 8d., of which the parents were required to pay £250. 0. 10d. The total sum collected during the year (including arrears from previous years) was £247. 11, 3d.

42 new cases were examined and 79 re-examinations were carried out by Dr. Berkson, the consultant ophthalmic surgeon, at the Birkenhead Municipal Hospital.

The new cases of strabismus noted during the year were as follows:

Convergent: Right eye 20, left eye 39, alternating 2 Divergent: Right eye 2.

GROUP IV-TREATMENT OF DEFECTS OF NOSE AND THROAT

								Num	ber o	f defe	ets		
Received operative treatment													
Under the Authority's scheme in clinic or hospital, (see note b) (1) (2) By private prictitioner or pital, apart fr the Authority scheme (1) (2)		hos- rom	Total				Received other forms of treatment	Total number treated					
(i) 36	(ii) 9	(iii) 5	(iv) 3	(i) 4	(ii)	(iii)	(iv)	(i) 40	(ii) 9	(iii) 5	(i r	98	155

- (i) Tonsils only. (ii) Adenoids only. (iii) Tonsils and adenoids.
- (iv) Other defects of the nose and throat.

A total of 180 children referred to the Consultant Aurist and Laryngologist was examined during the year.

GROUP V.—ORTHOP.EDIC AND POSTURAL DEFECTS (see note c)

	Under the Anthority's Scheme (see note b)	Otherwise (2.)	Total
	Non-residential treatment at an Orthopædic Clinic		(3)
Number of children treated	264	7	271

1. Examinations carried out at the clinic by the orthopædic surgeon.—At the Clinic the Orthopædic Surgeon attended on 27 occasions during the year. The after-care sister also made 27 attendances.

234 new cases were dealt with, as compared with 226 in the previous year.

Tuberculous cases	4
Non-tuberculous cases— Under school age	
Of school age	135

234

There were 320 re-examinations made, as compared with 554 in 1943:—

Tuberculous cases	19
Under school age Of school age Over school age	250
	320

The average number of cases seen by the surgeon per session was 21.

In the following table Mr. Horace Davies sets out a classification of cases dealt with and shows the results of treatment:

		New	Cases	s	Re	-Exa	minat	ions	Di	schar	ged d	uring	1944
Disease Categories				School Und Age 5				chool Age		_	trict	Refused treatment	пеньтень
	М.	F.	М.	F.	М.	F.	М.	F.	Cured	Relieved	Left district	Refuse	Died
ongenital Deformities:													
Trunk Upper Limb Lower Limb	$\frac{1}{2}$	2 3		1 1 3	3	 2	2 8	3 6	1 5				
cquired Deformities:						_			.,				
Flat Foot Hallux Valgus Postural Kyphosis & Scoliosis, Knock Knee Bow Leg	16 13 5	21 12 8	40 2 5 	25 1 3 1	9 8 2	8 8	62 4 6 3	66 2 17 5 2	42 1 6 9 6		3		
Other Conditions		1	2	1			4	2	1				
ffections of Skeleton :		7		2	3	1	3	3	4				
Other Conditions	•••	1				1			4	:			
ffections of Nervous System:								ļ					
Spastic Paralysis	1	2	•••	•••	$\frac{1}{2}$		6 2	7		2			• • • •
Peripheral Nerve Lesions								5	1				
Other Conditions	1	2			2		4	3					
ffections of Bone : Osteomyelitis							1			1			
Tuberculous					1		2			1			
Other Conditions							1	1	1	2			
ffections of Joints: Tuberculous			2	2)		5	4	5	2			
Non-Tuberculous								1					
ffections of Spine: Tuberculous						1	1	5	2	1			
Non-Tuberculous										,			*
fections of Epiphyses			1	1			1	3		2			
fections of Soft Tissues		•••	1	$\frac{2}{3}$	••		2 2	2	4	2	•••		
Abnormal Defect			19	20					4				
Totals	42	53	73	66	31	20	119	150	88	13	4	2	

2. Massage and remedial exercises.—Massage and remedial exercises as prescribed by the Orthopædic Surgeon were provided by the Invalid Children's Association. (There is one whole-time and one part-time masseuse on the Association's staff.)

Attendance for massage and remedial exercises were made by clinic cases as follows:

Tuberculous cases	
Non-tuberculous cases—	
Under school age	1205
Of school age	4359
Over school age	
	5573
	0010

In addition to the above, 83 attendances were made by nonclinic cases (that is to say, cases sent to the Association by orthopædic surgeons attached to voluntary hospitals, etc.) as follows:—

Under school age	-00
Of school age	83

3. Surgical apparatus—splints, etc.—These are provided by the Association, the number of cases dealt with during the past year being as follows:

	Under School Age	Of School Age	Over School Age
Tuberculous cases— Clinic cases Non-clinic cases		9 2	3
Non-tuberculous cases— Clinic cases Non-clinic cases		165 118	11 16

4. Milk, tonics, convalescence, after-care.—Most useful work is also done by the Association in providing milk, tonics, etc., for patients for whom these have been prescribed by the orthopædic surgeon and other doctors, and in following up and helping patients who have passed through the stage of active treatment:

Children supplied with milk—	Under School Age	Of School Age	Over School Age
Tuberculous cases— Clinic cases Non-clinic cases		2 1	_
Non-tuberculous cases— Clinic cases Non-clinic cases		2 3	2
Children supplied with tonics-	-		
Tuberculous cases— Clinic cases Non-clinic cases		10 1	_
Non-tuberculous cases— Clinic cases Non-clinic cases		37 13	

Children sent to Convalescent Homes and Country Hospitals-

	Jnder School Age	Of School Age	Over School Age
Tuberculous cases—			
Clinic cases	—	1	
Non-clinic cases	—	1	_
Non-tuberculous cases—			
Clinic cases	37	122	8
Non-clinic cases	14	37	7

- 5. Birkenhead Orthopaedic Hospital.—At this institution children suffering from orthopaedic defects of tuberculous origin are treated. Many are cases who have passed through a course of treatment at Leasowe Hospital, or are awaiting admission to that institution.
- 6. Treatment by Ultra-Violet Rays.— At the North Clinic a total of 14 children of school age made 174 attendances during the year.

	Improved	Not Improved	Died	Still under treatment at end of year
Debility	4	_		2
Tuberculosis	. 1	_	1	_
Anæmia		_		_
Bronchitis			_	_
Rickets		—	_	_
Other conditions	2	_	_	_
	11	—	1	2

In addition 233 attendances were made by children below and above school age.

At the South Clinic a total of 3 children of school age made 33 attendances during the year.

	Improved	Not Improved	Died	Still under treatment at end of year
Debility	. —	_		
Tuberculosis		_		1
Anæmia	.' —			_
Bronchitis	. —	_		1
Rickets	. 1	_		_
Other conditions	. —	_	_	_
	_	_	_	_
	1	_		2
			_	_

In addition 820 attendances were made by children below and above school age.

At the premises of the Invalid Children's Association a total of 84 children of school age made 1,505 attendances during the year.

Debility	3 <u>-</u> 3	Not Improved 1 2 — —	Died	Still under treatment at end of year 31 2 1
Other conditions	-			_
	47	3	-	34
	_		_	-

In addition 781 attendances were made by children below and above school age.

DENTAL INSPECTION AND TREATMENT

	THE INSTRUMENT	
(1)	(a) Inspected by the Dentist:	
	Routine age groups—	
	aged 5	651
	aged 6aged 7	1177 1079
	aged 8	1110
	aged 9	1101
	aged 10	1072
	aged 11aged 12	997 938
	aged 13	788
	aged 14	88
		9001
	(b) Specials (see note e)	2045
	(c) TOTAL (Routine and Specials)	11046
(2)	Number found to require treatment	
(3)	Number actually treated	
(4)	Attendances made by children for treatment	6371
(5)	Half-days devoted to:— Inspection	
	Treatment	
(0)	Total —	1208
(6)	Fillings (see note f):— Permanent Teeth	
	Temporary Teeth 58	
	Total —	2816
(7)	Extractions:—	
	Permanent Teeth 1387 Temporary Teeth 6078	
	Total —	7465
(8)	Administrations of general anaesthetic for extractions	2382
(9)	Other Operations :	
	Permanent Teeth	
	Temporary Teeth	2339
	Total —	<i>⊊</i> 0014
900	Cleanliness of teeth.—The children examined were ording to cleanliness of teeth as follows:	classified
200	Clean	2
	Fairly clean 359	
	Dirty91	0
	900	- 1
	500	1
the	Condition of gums.—The following figures show the congums of the children examined:	ndition of
	Gums healthy 716	7
	Gums inflamed95	3
	Gums septic 88	1
	900	1

Condition	of bite.—This	was found	to he as set	out helow .
Committee	OT DICC. THIS	was toutiu	io de as set	out below .

Bite good Bite fair Bite bad	2007
6.	9001

Notices were sent to the parents of the 7,585 children found to require dental treatment, with the following results:—

Refused to have treatment done or did not reply Stated that treatment would be obtained privately Requested treatment at the Dental Clinic	
	7585

Of the 6,649 children for whom treatment at the clinic was requested:

5094 were treated before the end of the year

922 did not attend when sent for

633 were awaiting treatment at the end of the year

6649

The total number of children treated at the clinic during 1944 was:

			5423
		V .	3423

5,077 treatments were completed during the year.

3,639 parents paid 1s. each and 26 parents 6d. each for treatment or their children, the total amount paid being £182. 12. 0d. 2,007 children were treated free of charge.

UNCLEANLINESS AND YERMINOUS CONDITIONS

0
1
5
_
-
]

The Health Visitors paid 138 visits to the homes of children in egard to uncleanliness and verminous disease (117 first visits, 21 e-visits).

In accordance with a scheme to assist mothers engaged on war work to keep their children's heads free from infectious skin disease, 377 children made 1,199 attendances to the Skin Clinic for treatment during the year.

NOTES ON TABLES (pages 44-51)

- (a) The Table deals with all defects treated during the year, however they were brought to the Authority's notice, i.e., whether by routing inspection, special inspection, or otherwise, during the year in question or previously.
- (b) This heading includes all cases that received treatment under definite arrangements or agreements for treatment made by the Local Education Authority and sanctioned by the Board of Education under Section 80 of the Education Act, 1921. Cases which, after being recommended for treatment or advised to obtain it, actually received treatment by private practitioners, or by means of direct application to hospitals, or by the use of hospital tickets supplied by private persons, etc., are entered under other headings.
- (c) Postural defects which received non-residential treatment otherwise than at an orthopædic clinic are not recorded in this Table.
- (d) A child may be recorded in more than one category and therefore the total number of children treated will not necessarily be the same as the sum of the figures in the separate categories.
- (e) The heading "Specials" in this Table relates to all children inspected by the School Dentist otherwise than in the course of the routine inspection of children in one of the age groups covered by the Authority's approved scheme, namely, to children specially selected by him, or referred by Medical Officers, Parents, Teachers, etc., on account of urgency.
- (f) Temporary fillings, whether in permanent or temporary teeth, are recorded as other operations.
 - (g) (i) All cases of uncleanliness, however slight, are recorded.
 (ii) The return relates to individual children and not to instances of uncleanliness.

SECONDARY SCHOOLS

The powers and duties of local education authorities with regard to medical inspection and treatment in secondary schools and continuation schools are set out in Section 80 of the Education Act, 1921.

There are no continuation schools provided by the local education authority.

MEDICAL INSPECTION

A.—ROUTINE MEDICAL INSPECTIONS	
Number of inspections	887
B.—OTHER INSPECTIONS	
Number of Special Inspections	54
In schools	
In clinics	
Number of Re-Inspections	1352
In schools	
In clinics 19	

The following schools were inspected, the totals and numbers found, defective being shown:

No. Inspected	No. found defective*
Girls' Secondary School 241	37
The Convent Secondary School 177	13
Rock Ferry High School 169	15
Park High School 136	7
Birkenhead Institute 164	14
-	
887	86

[·] Excluding those with defective teeth and defects of nutrition.

Included in the total are 570 who were inspected as entrants to these schools.

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION

	Routine	Inspection	Special I	nspection
	No. o	f Defects	No. of Defects	
Defect or disease	Requiring treatment	but not		but not requiring treatment
(1)	(2)	(3)	(4)	(5)
Skin : Ringworm—Scalp Body		~	_	
Scabies	1		4	
Impetigo			-	-5-
Other diseases (non-tuberculous)			5	-
Eye: Blepharitis	5 0	:}	3	
Conjunctivitis Other conditions (excluding defective vision and squint)	~	1 "	.,	
Defective vision (excluding squint)		19		
Squint				
Ear: Otitis media				
Defective hearing			•)	
Other ear diseases	$\frac{2}{2}$		4	
Nose and throat: Chronic tonsillitis only			:3	
Adenoids only				
Other conditions		:3	3	-
Enlarged cervical glands (non tuberculous)		1	1	
Defective speech			- 1	
Heart and circulation: Functional	3	-		
Organic		7		
Anæmia	4	4	2	
Lungs-Bronchitis		2		_
Other non-tuberculous diseases	- 1	1	1 .	-
Tuberculosis - Non-pulmonary - Bones,				
Joints		1		_
Nervous system—Chorea	_	_	1	_
Epilepsy			-	
Other conditions			_	
Deformities: Spinal curvature Rickets		1	- 1	
Other forms	7	22	3	
Other defects and diseases (excluding defects of	1		o l	
nutrition, uncleanliness and dental diseases)	5	6	20	-
Total number of defects	75	76	54	

RETURN OF DEFECTS TREATED DURING THE YEAR

TREATMENT TABLES

GROUP I.-MINOR AILMENTS

Defect or disease.	Number of defects treated or under treatment during the year, under the Authority scheme.
Skin: Ringworm—Scalp Body Scabies Other skin diseases Minor eye defects. Minor ear defects Minor nose and throat defects Miscellaneous (e.g. minor injuries, bruises, etc.)	·
Total	19

19 children made 57 attendances for treatment during the year.

GROUP II.—DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects,

	No. of defects dealt with					
Defect or disease	Under the Authority's scheme	By private prac- titioner or at hospital, apart from the Authority's scheme	Otherwise	Total		
(1)	(2)	(3)	(4)	(5)		
Errors of Refraction (including squint)	9.2	6	-	98		

						specta	cles 1	vere	prescribed	į .
under	the	Auth	ority's	Schem	e					88

	of children who obtained or received spectacles—	
(a) under	the Authority's Scheme)
(b) otherv	ise	;

134 children were submitted to refraction at the Eye Clinic.

52 new cases were examined. Spectacles were prescribed for 24 of them, the remainder being found to be emmetropic or cases for whom spectacles were of no benefit. 82 children attended for reexamination.

GROUP HI.-TREATMENT OF DEFECTS OF NOSE AND THROAT

GROUP IV.—ORTHOPÆDIC AND POSTURAL DEFECTS

	Under the Authority's Scheme non-residential treatment at an orthopædic clinic.
Number of children treated	27

DENTAL TREATMENT

(1) (2)	Treated		249 504
(3)	Fillings—Permanent Teeth		
	Temporary Teeth		318
(4)	Extractions—Permanent Teeth	111	010
	Temporary Teeth	27 —	138
	Administrations of general anaesthetics for extractions		58
(6)	Other Operations—Permanent Teeth Temporary Teeth	2 92	
	Temporary recuir		94

MISCELLANEOUS

Children and Young Persons Act, 1933.—9 children summoned to appear before the Police Court were examined in accordance with the provisions of this Act.

Employment of Children Byelaws.—26 children were medically examined as to fitness for work under these byelaws. Certificates were granted in all cases.

Past Infectious Diseases.—Enquiry was made at each routine medical inspection as to the infectious diseases from which the children might have suffered.

(1) Children aged 3-9

	No. of Cases	Percentage
No Infectious Disease	356	9.72
Measles	2773	75.70
Whooping Cough	1811	49.44
Scarlet Fever	329	8.98
Diphtheria	170	4.64
Chicken Pox	1543	42.12
Mumps	819	22.36

(2) Children aged 10-14

	No. of Cases	Percentage
No Infectious Disease	192	7.51
Measles	1993	77.97
Whooping Cough	1372	53.68
Scarlet Fever	324	12.68
Diphtheria	296	11.58
Chicken Pox		43.35
Mumps	885	34.00

Note.—The same child may have had more than one of these diseases.

Co-operation of Parents.—Parents attended at the examination of 3,645 (58.61%) of the 6,219 children dealt with at routine inspections.

Group	Parents Present
Nursery Classes	
Entrants	
2nd age group	
3rd age group	32.18%
4th age group	23.04%

Yaccination.—In the ordinary inspections children were examined as to vaccination marks. Of the 6,219 children examined

3053	(49.09%)	showed no marks
2975	(47.84%)	showed one mark
127	(2.04%)	showed two marks
12	(.19%)	showed three marks
52	(.84%)	showed four or more marks

Height and weight.—Below are set out the average heights and weights (measured without footwear) of children who were examined during the course of routine inspections.

	Height							
Age		Boy	8	Girls				
	No.	Ft.	Ins.	No.	Ft.	Ins.		
3 years	7	3	3.28	5	3	1.20		
4 years	81 543	3	5:38 7:10	83 543	3	4:95 7:54		
5 years •	:301	3	10.06	263	3	9.60		
7 years	$\frac{103}{502}$	4	5.85 0.55	87 493	3	11.82		
9 years	246 359	4	3·90 9·04	225 461	4	3.80		
12 years	499	4	11.00	449	5	0.96		
14 years	384	5	1:14	292	5	2.36		

	Weight						
Λge	Boys			Girl			
	No.	St.	Lbs.	No.	St.	Lbs.	
3 years	7	2	12.57	5	2	9.60	
4 years	82	3	0.48	83	2	11.01	
5 years	585	3	3.04	571	3	1.02	
6 years	312	3	6.32	270	3	4.80	
7 years	109	3	11.40	90	3	9.20	
8 years	506	1	2.82	500	4	1.46	
9 years	246	4	5.82	225	4	4.44	
2 years	409	5	8.14	460	. 5	13.18	
3 years	501	6	2.02	452	6	11.40	
14 years	335	6	9.02	292	7	3.00	